

Virginia Division of Consolidated Laboratory Services

pH by AOAC 16 th edition 973.41					
Facility Name: _____ VELAP ID _____					
Assessor Name: _____ Analyst Name: _____ Inspection Date _____					
Relevant Aspect of Standards	Method Reference	Y	N	N/A	Comments
Records Examined: SOP Number/ Revision/ Date _____ Analyst: _____					
Sample ID: _____ Date of Sample Preparation: _____ Date of Analysis: _____					
Was pH meter operated in accordance with manufacturer's instructions?	B (a)				
Was the pH meter checked with a buffer that had a pH near that of the sample?	C				
Notes/Comments:					